



State of New Hampshire Department of Health and Human Services

REQUEST FOR PROPOSALS #RFP-2018-DPHS-28-PRIMA

FOR

PRIMARY CARE SERVICES
For Specific Counties

February 12, 2017



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1. INTRODUCTION

1.1. Purpose and Overview

This Request for Proposals (RFP) is published to solicit proposals from vendors for the provision of comprehensive primary care and related services to individuals in order to reduce health disparities and improve patient outcomes/experience of care, in Sullivan, Carroll, Merrimack and Northwest Hillsborough Counties, in the State of New Hampshire. The Department seeks one or more vendors who can provide support to the State's primary care infrastructure by increasing access to and quality of health care related services through community health agencies in order to improve the health of New Hampshire's population.

The Department may award one or more contracts to meet the needs of this program.

1.2. Request for Proposal Terminology

APRN – Advanced Practice Registered Nurse

DHHS – Department of Health and Human Services

DO – Doctor of Osteopathic Medicine

DPHS - Division of Public Health Services

Enabling Services – Non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services.

HEDIS – Healthcare Effectiveness Data and Information Set

MD – Medical Doctor

Medical Home Model – A care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.

NH MCHS – New Hampshire Maternal and Child Health Section

PA – Physician Assistant

Quality Improvement Science – A theoretical and methodological framework that assists the design, implementation, evaluation, dissemination, and sustainability of quality improvement in order to cultivate change and deliver person-centered care that is safe, effective, efficient, equitable and timely. This framework improves patient outcomes, health system performance and population health.

RFP – Request for Proposals. A Request for Proposals means an invitation to submit a proposal to provide specified goods or services, where the particulars of the goods or services and the price are proposed by the vendor and, for proposals meeting or exceeding specifications, selection is according to identified criteria as provided by RSA 21-I:22-a and RSA 21-I:22-b.

SBIRT - Screening, Brief Intervention and Referrals to Treatment Services

SDOH - Social Determinants of Health are the conditions in which people are born, grow, live, work and age.

Title V – Federal Maternal and Child Health Services Block Grant



UDS – Uniform Data System

1.3. Contract Period

Contract(s) resulting from this RFP will be effective April 1, 2018, or upon Governor and Executive Council approval, whichever is later, through March 31, 2020.

The Department may extend contracted services for up to two additional years, contingent upon satisfactory vendor performance, continued funding and Governor and Executive Council approval.

2. BACKGROUND

2.1. New Hampshire DHHS, Division of Public Health, Maternal and Child Health Section

The Maternal and Child Health Section (MCHS) seeks to improve availability of and access to preventive and primary health care for all children and families regardless of income. To this end MCHS utilizes state and federal funds to ensure that primary health care and related Enabling Services are available for individuals, in Sullivan, Carroll, Merrimack and Northwest Hillsborough Counties, in the State of New Hampshire.

Rooted in a commitment to community-based, patient-centered care, community health agencies in New Hampshire typically focus on comprehensive services that meet the varying needs of their patient populations including enabling and social support services, chronic disease management and health education. In particular, these community health agencies utilize a medical home model to emphasize coordinated primary and preventive services that promote reductions in health disparities for low-income individuals, racial and ethnic minorities, rural communities and other underserved populations. Community health centers are unique among primary care providers for the array of enabling services they offer, including, but not limited to, case management, translation, transportation, outreach, eligibility assistance, and health education.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Nationally, patients served by community health centers tend to be young, socially vulnerable and their incidence of chronic conditions, like diabetes and hypertension, is disproportionate in comparison to the general population. As a result, health centers commit significant resources to not only manage complex health conditions but also to address the social health determinants influencing the health of their patients and community.

3. STATEMENT OF WORK

3.1. Covered Populations

3.1.1. Individuals of all ages, in Sullivan, Carroll, Merrimack and Northwest Hillsborough Counties, in the State of New Hampshire, who are:

3.1.1.1. Are uninsured;

3.1.1.2. Are underinsured; or



- 3.1.1.3. Are low-income, which is defined as <185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

3.2. Scope of Services

- 3.2.1. The selected vendor(s) must maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department is the payer of last resort.
- 3.2.2. The selected vendor(s) must remain in compliance with all applicable state and federal laws for the duration of the contract period, including but not limited to:
 - 3.2.2.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases;
 - 3.2.2.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control; and
 - 3.2.2.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.
- 3.2.3. Eligibility Determination Services
 - 3.2.3.1. The selected vendor(s) must notify the Department, in writing, if access to Primary Care for new patients is limited or closed for more than a thirty (30) consecutive days or any sixty (60) non-consecutive days.
 - 3.2.3.2. The selected vendor(s) must assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible Medicaid eligibility.
 - 3.2.3.3. The selected vendor(s) must post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.
 - 3.2.3.4. The selected vendor(s) will develop and implement a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The vendor(s) must:
 - 3.2.3.4.1. Update the sliding fee scale on an annual basis when the new Federal Poverty Guidelines are released; and
 - 3.2.3.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.



Q1. *What is your agency's experience in assisting the target population with completion of forms?*

Q2. *Provide your proposed plan for providing eligibility determination services.*

3.2.4. Primary Care Services

3.2.4.1. The selected vendor(s) will ensure primary care services are provided by a New Hampshire licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.2.4.1.1. Reproductive health services;

3.2.4.1.2. Perinatal health services including but not limited to access to obstetrical services either on-site or by referral;

3.2.4.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines;

3.2.4.1.4. Integrated behavioral health services;

3.2.4.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral;

3.2.4.1.6. Assessment of need and follow-up/referral as indicated for:

3.2.4.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org;

3.2.4.1.6.2. Social services;

3.2.4.1.6.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management Education (DSME) as recommended by American Diabetes Association;

3.2.4.1.6.4. Nutrition services, including WIC, as appropriate;

3.2.4.1.6.5. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative; and



3.2.4.1.6.6. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2.4.2. The selected vendor(s) will provide care management for individuals enrolled for primary care services, which includes, but is not limited to:

3.2.4.2.1. Integrated and coordinated services that ensure patients receive necessary care (such as behavioral health and oral care) when and where it is needed and wanted in a culturally and linguistically appropriate manner;

3.2.4.2.2. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract;

3.2.4.2.3. Care facilitated by registries; information technology; health information exchanged;

Q3. Describe your experience with providing primary care services to the target population. How will you ensure equitable access to services?

Q4. Provide your proposed plan for the delivery of coordinated and comprehensive Primary Care services as identified above.

Q5. How will your agency provide primary care services to the Maternal and Child Health population as well as other vulnerable high risk populations including, but not limited to individuals with Substance Use Disorders (SUDs).

3.2.5. Enabling Services

3.2.5.1. The selected vendor(s) must provide and facilitate enabling services, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services that include, but are not limited to:



- 3.2.5.3. Benefit counseling;
- 3.2.5.4. Health Insurance eligibility and enrollment assistance;
- 3.2.5.5. Health education and supportive counseling;
- 3.2.5.6. Interpretation/Translation for individuals with Limited English Proficiency or other communication needs
- 3.2.5.7. Outreach, which may include the use of community health workers;
- 3.2.5.8. Transportation; and
- 3.2.5.9. Education of patients and the community regarding the availability and appropriate use of health services.

Q6. *How will your agency provide each of the enabling services identified above? Include details related to staffing and accompanying responsibilities. Be specific on the type of additional enabling service offered to address Social Determinants of Health (SDOH) and reduction of health disparities. Provide an Enabling Services Workplan as part of your proposal.*

3.2.6. Coordination of Services

- 3.2.6.1. The selected vendor(s) must participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:
 - 3.2.6.1.1. Community needs assessments;
 - 3.2.6.1.2. Public health performance assessments; and
 - 3.2.6.1.3. Regional health improvement plans under development.
- 3.2.6.2. The selected vendor(s) must participate in and coordinate public health activities, as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

Q7. *Identify your community partners. How will you assist with enhancing the integration of community-based public health prevention and healthcare initiatives?*

3.3. Staffing

- 3.3.1. The selected vendor(s) will ensure all health and allied health professions have the appropriate, current New Hampshire licenses whether directly employed, contracted or subcontracted.



- 3.3.2. The selected vendor(s) will employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.
- 3.3.3. The selected vendor(s) will notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services, in writing, and include a copy of the individual's resume, within thirty (30) days of hire.
- 3.3.4. The selected vendor(s) will notify the MCHS, in writing, when:
 - 3.3.4.1. Any critical position is vacant for more than thirty (30) days;
 - 3.3.4.2. There is not adequate staffing to perform all required services for any period lasting more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

Q8. *Provide your proposed staffing plan to provide all services required in this RFP. Include your organization chart, job descriptions for vacant positions and resumes for filled positions.*

Q9. *Provide your proposed staff development plan that ensures up-to-date best practices are utilized on an on-going basis.*

3.4. Performance Measures/Quality Improvement

- 3.4.1. The selected vendor(s) will collect and report data on the following Performance Measures:
 - 3.4.1.1. Breastfeeding
 - 3.4.1.1.1. Percent of infants who are ever breastfed (Title V PM #4).
 - 3.4.1.2. Preventive Health: Lead Screening
 - 3.4.1.2.1. Percent of children three (3) years of age who had two (2) or more capillary or venous lead blood tests for lead poisoning (NH MCHS).
 - 3.4.1.3. Preventive Health: Adolescent Well-Care Visit
 - 3.4.1.3.1. Percent of adolescents twelve (12) to twenty-one (21) years of age, who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year (HEDIS).
 - 3.4.1.4. Preventive Health: Depression Screening



- 3.4.1.4.1. Percent of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).
- 3.4.1.5. Maternal Depression Screening
 - 3.4.1.5.1. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).
- 3.4.1.6. Preventive Health: Obesity Screening
 - 3.4.1.6.1. Percent of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).
 - 3.4.1.6.2. Percent of patients aged 3 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).
- 3.4.1.7. Preventive Health: Tobacco Screening
 - 3.4.1.7.1. Percent of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).
 - 3.4.1.7.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).
- 3.4.1.8. At Risk Population: Hypertension



- 3.4.1.8.1. Percent of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year (NQF 0018).
- 3.4.1.9. Patient Safety: Falls Screening
 - 3.4.1.9.1. Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months (NH MCHS).
- 3.4.1.10. SBIRT
 - 3.4.1.10.1. Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).
 - 3.4.1.10.2. (Developmental, not required for SFY 18) Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during any medical visit AND if positive, received a brief intervention or referral to services (NH MCHS).
 - 3.4.1.10.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS).



3.4.2. Quality Improvement Workplan

- 3.4.2.1. The selected vendor(s) will facilitate two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of targeted patient groups. One (1) quality improvement project must focus on the performance measure as designated by MCHS. The other will be chosen by the vendor based on previous performance outcomes needing improvement.
- 3.4.2.2. Quality Improvement (QI) projects may include activities to enhancing clinical workflow and improve patient outcomes by methods that may include, but are not limited to:
 - 3.4.2.2.1. EMR prompts/alerts;
 - 3.4.2.2.2. Protocols/Guidelines;
 - 3.4.2.2.3. Diagnostic support;
 - 3.4.2.2.4. Patient registries;
 - 3.4.2.2.5. Collaborative learning sessions, etc.
- 3.4.2.3. The selected vendor(s) will utilize Quality Improvement Science to develop and implement a QI Workplan for each QI project. The QI Workplan will include:
 - 3.4.2.3.1. Specific goals and objectives for the project period; and
 - 3.4.2.3.2. Evaluation methods used to demonstrate improvement in the quality, efficiency, and effectiveness of patient care.

Q10. *What is your agency's experience and capacity related to performing quality improvement activities?*

Q11. *How will you meet or exceed the performance measures in Section 3.4.1? Attach a proposed quality improvement workplan that focuses on the adolescent well-care visit performance measure*

3.5. Reporting/Deliverables

3.5.1. Required Meetings & Trainings

- 3.5.1.1. The selected vendor(s) will attend meetings and trainings facilitated by the MCHS programs that include, but are not limited to:
 - 3.5.1.1.1. MCHS Agency Directors' meetings;



- 3.5.1.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year, which may require attendance by agency quality improvement staff; and
- 3.5.1.1.3. MCHS Agency Medical Services Directors' meetings.
- 3.5.2. Workplans, Outcome Reports & Additional Reporting Requirements
 - 3.5.2.1. The selected vendor(s) will submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per Contract Year according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.
 - 3.5.2.1.1. If a performance measure's targeted goal is not met, the vendor(s) shall submit a Performance Measure Outcome Report (plan for improvement) per directions from MCHS.
 - 3.5.2.2. The selected vendor(s) will submit an annual Workplan for the two quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The performance outcome section of each workplan shall be completed annually at the end of each contract year. The vendor(s) will be notified at least thirty (30) days in advance of any changes in the submission schedule.
 - 3.5.2.3. The selected vendor(s) will submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The performance outcome section of each workplan shall be completed annually at the end of each contract year. The vendor(s) will be notified at least thirty (30) days in advance of any changes in the submission schedule.
 - 3.5.2.4. The selected vendor(s) will complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.
 - 3.5.2.5. The selected vendor(s) will submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.



- 3.5.2.6. The selected vendor(s) will submit the following per contract period:
 - 3.5.2.6.1. DPHS Budget Form;
 - 3.5.2.6.2. Budget Justification;
 - 3.5.2.6.3. Sources of Revenue;
 - 3.5.2.6.4. Program Staff List, which includes staff titles.
- 3.5.2.7. The selected vendor(s) will submit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
- 3.5.2.8. The selected vendor(s) will provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The vendor(s) will ensure the summary includes:
 - 3.5.2.8.1. Survey template; and
 - 3.5.2.8.2. Method by which the results were obtained.
- 3.5.3. On-Site Reviews
 - 3.5.3.1. The selected vendor(s) will permit a team or person authorized by the Department to periodically review the vendor's:
 - 3.5.3.1.1. Systems of governance;
 - 3.5.3.1.2. Administration;
 - 3.5.3.1.3. Data collection and submission;
 - 3.5.3.1.4. Clinical and financial management; and
 - 3.5.3.1.5. Delivery of education services.
 - 3.5.3.2. The selected vendor(s) will cooperate with the Department to ensure information needed for the reviews is accessible and provided. The vendor will ensure information includes, but is not limited to:
 - 3.5.3.2.1. Client records; and
 - 3.5.3.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.
 - 3.5.3.3. The selected vendor(s) will take corrective actions, as advised by the review team, if services provided are not in compliance with the contract requirements.



3.6. Compliance

3.6.1. Culturally and Linguistically Appropriate Standards

The New Hampshire Department of Health and Human Services (DHHS) is committed to reducing health disparities in New Hampshire. DHHS recognizes that culture and language can have a considerable impact on how individuals access and respond to health and human services. Culturally and linguistically diverse populations experience barriers in their efforts to access services. As a result, DHHS is strongly committed to providing culturally and linguistically competent programs and services for its clients, and as a means of ensuring access to quality care for all. As part of that commitment DHHS continuously strives to improve existing programs and services, and to bring them in line with current best practices.

3.6.2. DHHS requires all contractors and sub-recipients to provide culturally and linguistically appropriate programs and services in compliance with all applicable federal civil rights laws, which may include: Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Rehabilitation Act of 1973. Collectively, these laws prohibit discrimination on the grounds of race, color, national origin, disability, age, sex, and religion.

3.6.3. There are numerous resources available to help recipients increase their ability to meet the needs of culturally, racially and linguistically diverse clients. Some of the main information sources are listed in the Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Section of the RFP, and, in the Vendor/RFP section of the DHHS website.

3.6.4. A key Title VI guidance is the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), developed by the U.S. Department of Health and Human Services in 2000. The CLAS Standards provide specific steps that organizations may take to make their services more culturally and linguistically appropriate. The enhanced CLAS standards, released in 2013, promote effective communication not only with persons with Limited English Proficiency, but also with persons who have other communication needs. The enhanced Standards provide a framework for organizations to best serve the nation's increasingly diverse communities.

3.6.5. Bidders are expected to consider the need for language services for individuals with Limited English Proficiency as well as other communication needs, served or likely to be encountered in the eligible service population, both in developing their budgets and in conducting their programs and activities.

3.6.6. Successful applicants will be:



- 3.6.6.1. Required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within 10 days of the date the contract is approved by Governor and Council;
- 3.6.6.2. Monitored on their Federal civil rights compliance using the Federal Civil Rights Compliance Checklist, which can be found in the Vendor/RFP section of the DHHS website.
- 3.6.7. The guidance that accompanies Title VI of the Civil Rights Act of 1964 requires recipients to take reasonable steps to ensure meaningful access to their programs and services by persons with Limited English Proficiency (LEP persons). The extent of an organization's obligation to provide LEP services is based on an individualized assessment involving the balancing of four factors:
 - 3.6.7.1. The number or proportion of LEP persons served or likely to be encountered in the population that is eligible for the program or services (this includes minor children served by the program who have LEP parent(s) or guardian(s) in need of language assistance);
 - 3.6.7.2. The frequency with which LEP individuals come in contact with the program, activity or service;
 - 3.6.7.3. The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service;
 - 3.6.7.4. The resources available to the organization to provide language assistance.

Bidders are required to complete the TWO (2) steps listed in the Appendix C to this RFP, as part of their Proposal. Completion of these two items is required not only because the provision of language and/or communication assistance is a longstanding requirement under the Federal civil rights laws, but also because consideration of all the required factors will help inform Bidders' program design, which in turn, will allow Bidders to put forth the best possible Proposal.

For guidance on completing the two steps in Appendix C, please refer to Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Addendum of the RFP, which is posted on the DHHS website.

<http://www.dhhs.nh.gov/business/forms.htm>



4. FINANCE

4.1. Financial Standards

This project is funded with general and federal funds. Access to federal funds is dependent upon meeting the requirements of the Catalog for Domestic Assistance (CFDA) #93.994 US; Department of Health and Human Services, Health Resources and Services Administration (HRSA). Catalog for Domestic Assistance (CFDA) #93.994. (www.cfda.gov).

5. PROPOSAL EVALUATION

5.1. Technical Proposal (200 Points)

- | | |
|--|-----------|
| a) Scope of Services | |
| a. Eligibility Determination Services (Q1 & Q2) | 35 Points |
| b. Primary Care Services (Q3, Q4 & Q5) | 35 Points |
| c. Enabling Services (Q6) | 35 Points |
| d. Coordination of Services (Q7) | 35 Points |
| b) Staffing (Q8 & Q9) | 30 Points |
| c) Performance Measures/Quality Improvement (Q10, Q11) | 30 Points |

5.2. Cost Proposal (100 Points)

- | | |
|---------------------------------|-----------|
| a) Budget (Appendix D) | 40 Points |
| b) Personnel Sheet (Appendix E) | 20 Points |
| c) Budget Narrative* | 40 Points |

Maximum Point Value:	300 Points
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*Budget Narrative must include a detailed description of each budget line item in Appendix D



6. PROPOSAL PROCESS

6.1. Contact Information – Sole Point of Contact

The sole point of contact, the Procurement Coordinator, relative to the bid or bidding process for this RFP, from the RFP issue date until the selection of a Bidder, and approval of the resulting contract by the Governor and Executive Council is:

State of New Hampshire
Department of Health and Human Services
Brian Owens, Program Specialist IV
Contracts & Procurement Unit
129 Pleasant St., Brown Building
Concord, New Hampshire 03301

Email: Brian.Owens@dhhs.nh.gov

Phone: 603-271-9634

Other personnel are NOT authorized to discuss this RFP with Bidders before the proposal submission deadline. Contact regarding this RFP with any State personnel not listed above could result in disqualification. The State will not be held responsible for oral responses to Bidders regardless of the source.

6.2. Procurement Timetable

<u>Procurement Timetable</u> (All times are according to Eastern Time. DHHS reserves the right to modify these dates at its sole discretion.)		
Item	Action	Date
1.	Release RFP	2/12/2018
2.	REQUIRED Letter of Intent Submission Deadline	2/16/2018 At 2:00 PM
3.	RFP Questions Submission Deadline	2/16/2018
4.	DHHS Response to Questions Published	2/20/2018
5.	Technical and Cost Bids Submission Deadline	3/2/2018 at 2:00PM

6.3. Letter of Intent



- 6.3.1. A Letter of Intent to submit a Proposal in response to this RFP is optional and must be received by the date and time identified in Section 6.2: Procurement Timetable.
- 6.3.2. Receipt of the Letter of Intent by DHHS will be required in order to receive any correspondence regarding this RFP, any RFP amendments, in the event such are produced, or any further materials on this project, including electronic files containing tables required for response to this RFP, any addenda, corrections, schedule modifications, or notifications regarding any informational meetings for Bidders, or responses to comments or questions.
- 6.3.3. The Letter of Intent may be transmitted by e-mail to the Procurement Coordinator identified in Section 6.1, but must be followed by delivery of a paper copy within two (2) business days to the Procurement Coordinator identified in Section 6.1.
- 6.3.4. The potential Bidder is responsible for successful e-mail transmission. DHHS will provide confirmation of receipt of the Letter of Intent if the name and e-mail address or fax number of the person to receive such confirmation is provided by the Bidder.
- 6.3.5. The Letter of Intent must include the name, telephone number, mailing address and e-mail address of the Bidder's designated contact to which DHHS will direct RFP related correspondence.
- 6.3.6. Proposals submitted by entities that did not submit a Letter of Intent shall not be considered.

6.4. Bidders' Questions and Answers

6.4.1. Bidders' Questions

- 6.4.1.1. All questions about this RFP, including but not limited to requests for clarification, additional information or any changes to the RFP, must be made in writing, citing the RFP page number and part or subpart. Submitted questions to the Procurement Coordinator identified in Section 6.1.
- 6.4.1.2. DHHS may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.
- 6.4.1.3. DHHS will not acknowledge receipt of questions.
- 6.4.1.4. The questions may be submitted by fax or e-mail. However, DHHS assumes no liability for assuring accurate and complete fax and e-mail transmissions.



6.4.1.5. Questions must be received by DHHS by the deadline given in Section 6.2, Procurement Timetable.

6.4.2. DHHS Answers

DHHS intends to issue responses to properly submitted questions by the deadline specified in Section 6.2, Procurement Timetable. Written answers to questions asked will be posted on the Department's website at <http://www.dhhs.nh.gov/business/rfp/index.htm>. This date may be subject to change at DHHS discretion.

6.5. RFP Amendment

DHHS reserves the right to amend this RFP, as it deems appropriate prior to the Proposal Submission Deadline on its own initiative or in response to issues raised through Bidder questions. In the event of an amendment to the RFP, DHHS, at its sole discretion, may extend the Proposal Submission Deadline. Bidders who submitted a Letter of Intent will receive notification of the amendment, and the amended language will be posted on the DHHS Internet site.

6.6. Proposal Submission

6.6.1. Proposals submitted in response to this RFP must be received no later than the time and date specified in Section 6.2, Procurement Timetable. Proposals must be addressed for delivery to the Procurement Coordinator specified in Section 6.1, and marked with **#RFP-2018-DPHS-28-PRIMA**.

6.6.2. Late submissions will not be accepted and will remain unopened. Disqualified submissions will be discarded if not re-claimed by the bidding Bidder by the time the contract is awarded. Delivery of the Proposals shall be at the Bidder's expense. The time of receipt shall be considered when a Proposal has been officially documented by DHHS, in accordance with its established policies, as having been received at the location designated above. The State accepts no responsibility for mislabeled mail. Any and all damage that may occur due to shipping shall be the Bidder's responsibility.

6.7. Compliance

Bidders must be in compliance with applicable federal and state laws, rules and regulations, and applicable policies and procedures adopted by the Department of Health and Human Services currently in effect, and as they may be adopted or amended during the contract period.

6.8. Non-Collusion

The Bidder's required signature on the Transmittal Cover Letter for a Proposal submitted in response to this RFP guarantees that the prices, terms and conditions, and services quoted have been established without collusion with other Bidders and without effort to preclude DHHS from obtaining the best possible competitive proposal.



6.9. Collaborative Proposals

Proposals must be submitted by one organization. Any collaborating organization must be designated as subcontractor subject to the terms of Exhibit C Special Provisions (see Appendix B: Contract Minimum Requirements).

6.10. Validity of Proposals

Proposals submitted in response to this RFP must be valid for two hundred forty (240) days following the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable or until the effective date of any resulting contract, whichever is later. This period may be extended by mutual written agreement between the Bidder and DHHS.

6.11. Property of Department

All material property submitted and received in response to this RFP will become the property of DHHS and will not be returned to the Bidder. DHHS reserves the right to use any information presented in any Proposal provided that its use does not violate any copyrights or other provisions of law.

6.12. Proposal Withdrawal

Prior to the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable, a submitted Letter of Intent or Proposal may be withdrawn by submitting a written request for its withdrawal to the Procurement Coordinator specified in Section 6.1.

6.13. Public Disclosure

- 6.13.1. A Proposal must remain confidential until the Governor and Executive Council have approved a contract as a result of this RFP. A Bidder's disclosure or distribution of Proposals other than to the State will be grounds for disqualification.
- 6.13.2. The content of each Bidder's Proposal, and addenda thereto, will become public information once the Governor and Executive Council have approved a contract. Any information submitted as part of a bid in response to this RFP may be subject to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this RFP will be made accessible to the public online via the website Transparent NH (www.nh.gov/transparentnh/). Accordingly, business financial information and proprietary information such as trade secrets, business and financials models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV.



6.13.3. Insofar as a Bidder seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Bidder must clearly identify in writing the information it claims to be confidential and explain the reasons such information should be considered confidential. This should be done by separate letter identifying by page number and proposal section number the specific information the Bidder claims to be exempt from public disclosure pursuant to RSA 91-A:5.

6.13.4. Each Bidder acknowledges that DHHS is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. DHHS shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event DHHS receives a request for the information identified by a Bidder as confidential, DHHS shall notify the Bidder and specify the date DHHS intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Bidder's responsibility and at the Bidder's sole expense. If the Bidder fails to obtain a court order enjoining the disclosure, DHHS may release the information on the date DHHS specified in its notice to the Bidder without incurring any liability to the Bidder.

6.14. Non-Commitment

Notwithstanding any other provision of this RFP, this RFP does not commit DHHS to award a contract. DHHS reserves the right to reject any and all Proposals or any portions thereof, at any time and to cancel this RFP and to solicit new Proposals under a new bid process.

6.15. Liability

By submitting a Letter of Intent to submit a Proposal in response to this RFP, a Bidder agrees that in no event shall the State be either responsible for or held liable for any costs incurred by a Bidder in the preparation or submittal of or otherwise in connection with a Proposal, or for work performed prior to the Effective Date of a resulting contract.

6.16. Request for Additional Information or Materials

During the period from the Technical and Cost Proposal Submission Deadline, specified in Section 6.2, Procurement Timeline, to the date of Contractor selection, DHHS may request of any Bidder additional information or materials needed to clarify information presented in the Proposal. Such a request will be issued in writing and will not provide a Bidder with an opportunity to change, extend, or otherwise amend its Proposal in intent or substance. Key personnel shall be available for interviews.

6.17. Oral Presentations and Discussions



DHHS reserves the right to require some or all Bidders to make oral presentations of their Proposal. Any and all costs associated with an oral presentation shall be borne entirely by the Bidder. Bidders may be requested to provide demonstrations of any proposed automated systems. Such a request will be in writing and will not provide a Bidder with an opportunity to change, extend, or otherwise amend its proposal in intent or substance.

6.18. Contract Negotiations and Unsuccessful Bidder Notice

6.18.1. If a Bidder(s) is selected, the State will notify the Successful Bidder(s) in writing of their selection and the State's desire to enter into contract negotiations. Until the State successfully completes negotiations with the selected Bidder(s), all submitted Proposals remain eligible for selection by the State. In the event contract negotiations are unsuccessful with the selected Bidder(s), the evaluation team may recommend another Bidder(s).

6.18.2. In order to protect the integrity of the bidding process, notwithstanding RSA 91-A:4, no information shall be available to the public, or to the members of the general court or its staff, concerning specific responses to requests for bids (RFBs), requests for proposals (RFPs), requests for applications (RFAs), or similar requests for submission for the purpose of procuring goods or services or awarding contracts from the time the request is made public until the closing date for responses except that information specifically allowed by RSA 21-G:37.

6.19. Scope of Award and Contract Award Notice

6.19.1. DHHS reserves the right to award a service, part of a service, group of services, or total Proposal and to reject any and all Proposals in whole or in part. The notice of the intended contract award will be sent by certified mail or overnight mail to the selected Bidder. A contract award is contingent on approval by the Governor and Executive Council.

6.19.2. If a contract is awarded, the Bidder must obtain written consent from the State before any public announcement or news release is issued pertaining to any contract award.

6.20. Site Visits

The Department may, at its sole discretion, at any time prior to contract award, conduct a site visit at the bidder's location or at any other location deemed appropriate by the Department, in order to determine the bidder's capacity to satisfy the terms of this RFP/RFB/RFA. The Department may also require the bidder to produce additional documents, records, or materials relevant to determining the bidder's capacity to satisfy the terms of this RFP/RFB/RFA. Any and all costs associated with any site visit or requests for documents shall be borne entirely by the bidder.



6.21. Protest of Intended Award

Any challenge of an award made or otherwise related to this RFP shall be governed by RSA 21-G:37, and the procedures and terms of this RFP. The procedure set forth in RSA 21-G:37, IV, shall be the sole remedy available to challenge any award resulting from this RFP. In the event that any legal action is brought challenging this RFP and selection process, outside of the review process identified in RSA 21-G:37,IV, and in the event that the State of New Hampshire prevails, the challenger agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation.

6.22. Contingency

Aspects of the award may be contingent upon changes to State or federal laws and regulations.

7. PROPOSAL OUTLINE AND REQUIREMENTS

7.1. Presentation and Identification

7.1.1. Overview

- 7.1.1.1. Bidders are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal are at the Bidder's risk and may, at the discretion of the State, result in disqualification.
- 7.1.1.2. Proposals must conform to all instructions, conditions, and requirements included in the RFP.
- 7.1.1.3. Acceptable Proposals must offer all services identified in Section 3 - Statement of Work, unless an allowance for partial scope is specifically described in Section 3, and agree to the contract conditions specified throughout the RFP.
- 7.1.1.4. Proposals should be received by the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable, and delivered, under sealed cover, to the Procurement Coordinator specified in Section 6.1.
- 7.1.1.5. Fax or email copies will not be accepted.
- 7.1.1.6. Bidders shall submit a Technical Proposal and a Cost Proposal.

7.1.2. Presentation

- 7.1.2.1. Original copies of Technical and Cost Proposals in separate three-ring binders.
- 7.1.2.2. Copies in a bound format (for example wire bound, coil bound, saddle stitch, perfect bound etc. at minimum stapled)
NOTE: loose Proposals will not be accepted.
- 7.1.2.3. Major sections of the Proposal separated by tabs.



- 7.1.2.4. Standard eight and one-half by eleven inch (8 ½" x 11") white paper.
- 7.1.2.5. Font size of 10 or larger.
- 7.1.3. Technical Proposal
 - 7.1.3.1. Original in 3 ring binder marked as "Original."
 - 7.1.3.2. The original Transmittal Letter (described in Section 7.2.2.1) must be the first page of the Technical Proposal and marked as "Original."
 - 7.1.3.3. 4 copies in bound format marked as "Copy."
 - 7.1.3.4. 1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies) on CD or Memory Card/Thumb Drive. NOTE: In the event of any discrepancy between the copies, the hard copy marked "Original" will control.
 - 7.1.3.5. Front cover labeled with:
 - 7.1.3.5.1. Name of company / organization;
 - 7.1.3.5.2. RFP#; and
 - 7.1.3.5.3. Technical Proposal.
- 7.1.4. Cost Proposal
 - 7.1.4.1. Original in 3 ring binder marked as "Original."
 - 7.1.4.2. A copy of the Transmittal Letter marked as "Copy" as the first page of the Cost Proposal.
 - 7.1.4.3. 3 copies in bound format marked as "Copy."
 - 7.1.4.4. 1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies). NOTE: In the event of any discrepancy between the copies, the hard copy marked "Original" will control.
 - 7.1.4.5. Front cover labeled with:
 - 7.1.4.5.1. Name of company / organization;
 - 7.1.4.5.2. RFP#; and
 - 7.1.4.5.3. Cost Proposal.

7.2. Outline and Detail

7.2.1. Proposal Contents – Outline

Each Proposal shall contain the following, in the order described in this section:

(Each of these components must be separate from the others and uniquely identified with labeled tabs.)



7.2.2. Technical Proposal Contents – Detail

7.2.2.1. Transmittal Cover Letter

The Transmittal Cover Letter must be:

- 7.2.2.1.1. On the Bidding company's letterhead;
- 7.2.2.1.2. Signed by an individual who is authorized to bind the Bidding Company to all statements, including services and prices contained in the Proposal; and
- 7.2.2.1.3. Contain the following:
 - 7.2.2.1.4. Identify the submitting organization;
 - 7.2.2.1.5. Identify the name, title, mailing address, telephone number and email address of the person authorized by the organization to contractually obligate the organization;
 - 7.2.2.1.6. Identify the name, title, mailing address, telephone number and email address of the fiscal agent of the organization;
 - 7.2.2.1.7. Identify the name, title, telephone number, and e-mail address of the person who will serve as the Bidder's representative for all matters relating to the RFP;
 - 7.2.2.1.8. Acknowledge that the Bidder has read this RFP, understands it, and agrees to be bound by its requirements;
 - 7.2.2.1.9. Explicitly state acceptance of terms, conditions, and general instructions stated in Section 8 Mandatory Business Specifications, Contract Terms and Conditions;
 - 7.2.2.1.10. Confirm that Appendix A Exceptions to Terms and Conditions is included in the proposal;
 - 7.2.2.1.11. Explicitly state that the Bidder's submitted Proposal is valid for a minimum of two hundred forty (240) days from the Technical and Cost Proposal Submission Deadline specified in Section 6.2;
 - 7.2.2.1.12. Date Proposal was submitted; and
 - 7.2.2.1.13. Signature of authorized person.

7.2.2.2. Table of Contents



The required elements of the Proposal shall be numbered sequentially and represented in the Table of Contents.

7.2.2.3. Executive Summary

The Bidder shall submit an executive summary to:

- 7.2.2.3.1. Provide DHHS with an overview of the Bidder's organization and what is intended to be provided by the Bidder;
- 7.2.2.3.2. Demonstrate the Bidder's understanding of the services requested in this RFP and any problems anticipated in accomplishing the work;
- 7.2.2.3.3. Show the Bidder's overall design of the project in response to achieving the deliverables as defined in this RFP; and
- 7.2.2.3.4. Specifically demonstrate the Bidder's familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services.

7.2.2.4. Proposal Narrative, Project Approach, and Technical Response

- 7.2.2.4.1. The Bidder must answer all questions and must include all items requested for the Proposal to be considered. The Bidder must address every section of Section 3 Statement of Work, even though certain sections may not be scored.
- 7.2.2.4.2. Responses must be in the same sequence and format as listed in Section 3 Statement of Work and must, at a minimum, cite the relevant section, subsection, and paragraph number, as appropriate.

7.2.2.5. Description of Organization

Bidders must include in their Proposal a summary of their company's organization, management and history and how the organization's experience demonstrates the ability to meet the needs of requirements in this RFP.

- 7.2.2.5.1. At a minimum respond to:
 - 7.2.2.5.1.1. General company overview;
 - 7.2.2.5.1.2. Ownership and subsidiaries;
 - 7.2.2.5.1.3. Company background and primary lines of business;
 - 7.2.2.5.1.4. Number of employees;



- 7.2.2.5.1.5. Headquarters and Satellite Locations;
- 7.2.2.5.1.6. Current project commitments;
- 7.2.2.5.1.7. Major government and private sector clients; and
- 7.2.2.5.1.8. Mission Statement.
- 7.2.2.5.2. This section must include information on:
 - 7.2.2.5.2.1. The programs and activities of the organization;
 - 7.2.2.5.2.2. The number of people served; and
 - 7.2.2.5.2.3. Programmatic accomplishments.
- 7.2.2.5.3. And also include:
 - 7.2.2.5.3.1. Reasons why the organization is capable of effectively completing the services outlined in the RFP; and
 - 7.2.2.5.3.2. All strengths that are considered an asset to the program.
- 7.2.2.5.4. The Bidder should demonstrate:
 - 7.2.2.5.4.1. The length, depth, and applicability of all prior experience in providing the requested services;
 - 7.2.2.5.4.2. The skill and experience of staff and the length, depth and applicability of all prior experience in providing the requested services.

7.2.2.6. Bidder's References

The Proposal must include relevant information about at least three (3) similar or related contracts or subcontracts awarded to the Bidder. Particular emphasis should be placed on previous contractual experience with government agencies. DHHS reserves the right to contact any reference so identified. The information must contain the following:

- 7.2.2.6.1. Name, address, telephone number, and website of the customer;
- 7.2.2.6.2. A description of the work performed under each contract;
- 7.2.2.6.3. A description of the nature of the relationship between the Bidder and the customer;



7.2.2.6.4. Name, telephone number, and e-mail address of the person whom DHHS can contact as a reference; and

7.2.2.6.5. Dates of performance.

7.2.2.7. Staffing and Resumes

Each Bidder shall submit an organizational chart and a staffing plan for the program. For persons currently on staff with the Bidder, the Bidder shall provide names, title, qualifications and resumes. For staff to be hired, the Bidder shall describe the hiring process and the qualifications for the position and the job description. The State reserves the right to accept or reject dedicated staff individuals.

7.2.2.8. Subcontractor Letters of Commitment (if applicable)

If subcontractors are part of this proposal, signed letters of commitment from the subcontractor are required as part of the RFP. The Bidder shall be solely responsible for meeting all requirements and terms and conditions specified in this RFP, its Proposal, and any resulting contract, regardless of whether it proposes to use any subcontractors. The Bidder and any subcontractors shall commit to the entire contract period stated within the RFP, unless a change of subcontractors is specifically agreed to by the State. The State reserves the right to approve or reject subcontractors for this project and to require the Bidder to replace subcontractors found to be unacceptable.

7.2.2.9. License, Certificates and Permits as Required

This includes: a Certificate of Good Standing or assurance of obtaining registration with the New Hampshire Office of the Secretary of State. Required licenses or permits to provide services as described in Section 3 of this RFP.

7.2.2.10. Affiliations – Conflict of Interest

The Bidder must include a statement regarding any and all affiliations that might result in a conflict of interest. Explain the relationship and how the affiliation would not represent a conflict of interest.

7.2.2.11. Required Attachments

The following are required statements that must be included with the Proposal. The Bidder must complete the correlating forms found in the RFP Appendices and submit them as the "Required Attachments" section of the Proposal.

7.2.2.11.1. **Appendix A** - Bidder Information and Declarations: Exceptions to Terms and Conditions

7.2.2.11.2. **Appendix C** - CLAS Requirements

7.2.3. Cost Proposal Contents – Detail

7.2.3.1. Cost Bid Requirements



Cost proposals may be adjusted based on the final negotiations of the scope of work. See Section 4, Finance for specific requirements.

7.2.3.2. Statement of Bidder's Financial Condition

7.2.3.2.1. The organization's financial solvency will be evaluated. The Bidder's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered.

7.2.3.2.2. Each Bidder must submit audited financial statements for the four (4) most recently completed fiscal years that demonstrate the Bidder's organization is in sound financial condition. Statements must include a report by an independent auditor that expresses an unqualified or qualified opinion as to whether the accompanying financial statements are presented fairly in accordance with generally accepted accounting principles. A disclaimer of opinion, an adverse opinion, a special report, a review report, or a compilation report will be grounds for rejection of the proposal.

7.2.3.2.3. Complete financial statements must include the following:

7.2.3.2.3.1. Opinion of Certified Public Accountant

7.2.3.2.3.2. Balance Sheet

7.2.3.2.3.3. Income Statement

7.2.3.2.3.4. Statement of Cash Flow

7.2.3.2.3.5. Statement of Stockholder's Equity of Fund Balance

7.2.3.2.3.6. Complete Financial Notes

7.2.3.2.3.7. Consolidating and Supplemental Financial Schedules



- 7.2.3.2.4. A Bidder, which is part of a consolidated financial statement, may file the audited consolidated financial statements if it includes the consolidating schedules as supplemental information. A Bidder, which is part of a consolidated financial statement, but whose certified consolidated financial statements do not contain the consolidating schedules as supplemental information, shall, in addition to the audited consolidated financial statements, file unaudited financial statements for the Bidder alone accompanied by a certificate of authenticity signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification which attests that the financial statements are correct in all material respects.
- 7.2.3.2.5. If a bidder is not otherwise required by either state or federal statute to obtain a certification of audit of its financial statements, and thereby elects not to obtain such certification of audit, the bidder shall submit as part of its proposal:
 - 7.2.3.2.5.1. Uncertified financial statements; and
 - 7.2.3.2.5.2. A certificate of authenticity which attests that the financial statements are correct in all material respects and is signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification.

7.2.3.3. Required Attachments

The following are required statements that must be included with the Cost Proposal. The Bidder must complete the correlating forms found in the RFP Appendices and submit them as the "Required Attachments" section of the Cost Proposal. (Electronic versions are available of Appendices.)

- 7.2.3.3.1. **Appendix D** - Budget Sheet
- 7.2.3.3.2. **Appendix E** - Personnel Sheet
- 7.2.3.3.3. Budget narrative which explains each line in Appendix D, Budget Sheet, and the number of Full Time Equivalents (FTEs) in Appendix E, Personnel Sheet.

8. MANDATORY BUSINESS SPECIFICATIONS

8.1. Contract Terms, Conditions and Liquidated Damages, Forms

8.1.1. Contract Terms and Conditions



The State of New Hampshire sample contract is attached; Bidder to agree to minimum requirement as set forth in the Appendix B.

8.1.2. Liquidated Damages

The State may negotiate with the awarded vendor to include liquidated damages in the Contract in the event any deliverables are not met.

The Department and the Contractor agree that the actual damages that the Department will sustain in the event the vendor fails to maintain the required performance standards throughout the life of the contract will be uncertain in amount and difficult and impracticable to determine. The Contractor acknowledges and agrees that any failure to achieve required performance levels by the Contractor will more than likely substantially delay and disrupt the Department's operations. Therefore the parties agree that liquidated damages shall be determined as part of the contract specifications.

Assessment of liquidated damages shall be in addition to, and not in lieu of, such other remedies as may be available to the Department. Except and to the extent expressly provided herein, the Department shall be entitled to recover liquidated damages applicable to any given incident.

The Department will determine compliance and assessment of liquidated damages as often as it deems reasonable necessary to ensure required performance standards are met. Amounts due the State as liquidated damages may be deducted by the State from any fees payable to the Contractor and any amount outstanding over and above the amounts deducted from the invoice will be promptly tendered by check from the Contractor to the State.

9. ADDITIONAL INFORMATION

9.1. **Appendix A – Exceptions to Terms and Conditions**

9.2. **Appendix B – Contract Minimum Requirements (DO NOT RETURN)**

Note: This is for reference only. Please do not return Appendix B.

9.3. **Appendix C – CLAS Requirements**

9.4. **Appendix D – Budget**

9.5. **Appendix E – Personnel Sheet**